



QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 2018
OF THE CONDITION AND AFFAIRS OF THE
McLaren Health Plan Community

| | | | | | | |
|---------------------------------------|---|------------------------|--|------------|--|------------|
| NAIC Group Code | 4700 (Current Period) | 4700 (Prior Period) | NAIC Company Code | 14217 | Employer's ID Number | 27-2204037 |
| Organized under the Laws of | Michigan | | State of Domicile or Port of Entry | MI | | |
| Country of Domicile | United States of America | | | | | |
| Licensed as business type: | Life, Accident & Health[] Dental Service Corporation[] Other[] | | Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[] N/A[X] | | Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[] | |
| Incorporated/Organized | 12/23/2009 | | Commenced Business | 02/16/2012 | | |
| Statutory Home Office | G3245 Beecher Rd. (Street and Number) | | Flint, MI, US 48532 (City or Town, State, Country and Zip Code) | | | |
| Main Administrative Office | | | G3245 Beecher Rd. (Street and Number) | | | |
| | Flint, MI, US 48532 (City or Town, State, Country and Zip Code) | | (888)327-0671 (Area Code) (Telephone Number) | | | |
| Mail Address | G3245 Beecher Rd. (Street and Number or P.O. Box) | | Flint, MI, US 48532 (City or Town, State, Country and Zip Code) | | | |
| Primary Location of Books and Records | | | G3245 Beecher Rd. (Street and Number) | | | |
| | Flint, MI, US 48532 (City or Town, State, Country and Zip Code) | | (888)327-0671 (Area Code) (Telephone Number) | | | |
| Internet Web Site Address | www.mclarenhealthplan.org | | | | | |
| Statutory Statement Contact | Rachel L. Hairston (Name) | | (810)733-9678 (Area Code)(Telephone Number)(Extension) | | | |
| | rachel.hairston@mclaren.org (E-Mail Address) | | (810)733-9652 (Fax Number) | | | |

OFFICERS

| Name | Title |
|---------------------|-----------------------|
| Nancy Jenkins | President |
| Kathy Kendall | Vice President |
| Dave Mazurkiewicz | Treasurer |
| Deidra Wilson | Secretary |
| Cheryl Diehl | Assistant Treasurer |
| Kathleen Kudray, DO | Chief Medical Officer |
| Carol Solomon | Assistant Secretary |
| Kevin Tompkins | Chairman |

OTHERS

Dennis LaForest, Enrollee Representative

DIRECTORS OR TRUSTEES

| | |
|-------------------|----------------|
| Nancy Jenkins | Kevin Tompkins |
| Dave Mazurkiewicz | Deidra Wilson |
| Patrick Hayes | |

State of Michigan
County of Genesee ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

| | | |
|----------------|---------------------|---------------------|
| (Signature) | (Signature) | (Signature) |
| Nancy Jenkins | Carol Solomon | Cheryl Diehl |
| (Printed Name) | (Printed Name) | (Printed Name) |
| 1. | 2. | 3. |
| President | Assistant Secretary | Assistant Treasurer |
| (Title) | (Title) | (Title) |

| | | |
|--|--------------------------------|--------------|
| Subscribed and sworn to before me this | a. Is this an original filing? | Yes[X] No[] |
| day of , 2018 | b. If no, | |
| | 1. State the amendment number | |
| | 2. Date filed | |
| | 3. Number of pages attached | |

(Notary Public Signature)

ASSETS

| | | Current Statement Date | | | 4 |
|----------------------|--|------------------------|--------------------|-----------------------------------|--|
| | | 1 | 2 | 3 | |
| | | Assets | Nonadmitted Assets | Net Admitted Assets (Cols. 1 - 2) | December 31 Prior Year Net Admitted Assets |
| 1. | Bonds | 1,015,012 | | 1,015,012 | 1,019,274 |
| 2. | Stocks: | | | | |
| 2.1 | Preferred stocks | | | | |
| 2.2 | Common stocks | | | | |
| 3. | Mortgage loans on real estate: | | | | |
| 3.1 | First liens | | | | |
| 3.2 | Other than first liens | | | | |
| 4. | Real estate: | | | | |
| 4.1 | Properties occupied by the company (less \$.....0 encumbrances) | | | | |
| 4.2 | Properties held for the production of income (less \$.....0 encumbrances) | | | | |
| 4.3 | Properties held for sale (less \$.....0 encumbrances) | | | | |
| 5. | Cash (\$.....12,553,701), cash equivalents (\$.....21,407,153) and short-term investments (\$.....0) | 33,960,854 | | 33,960,854 | 30,697,574 |
| 6. | Contract loans (including \$.....0 premium notes) | | | | |
| 7. | Derivatives | | | | |
| 8. | Other invested assets | | | | |
| 9. | Receivables for securities | | | | |
| 10. | Securities lending reinvested collateral assets | | | | |
| 11. | Aggregate write-ins for invested assets | | | | |
| 12. | Subtotals, cash and invested assets (Lines 1 to 11) | 34,975,866 | | 34,975,866 | 31,716,848 |
| 13. | Title plants less \$.....0 charged off (for Title insurers only) | | | | |
| 14. | Investment income due and accrued | 71,303 | | 71,303 | 35,997 |
| 15. | Premiums and considerations: | | | | |
| 15.1 | Uncollected premiums and agents' balances in the course of collection | 2,676,443 | 276,915 | 2,399,527 | 1,245,490 |
| 15.2 | Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums) | | | | |
| 15.3 | Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0) | | | | |
| 16. | Reinsurance: | | | | |
| 16.1 | Amounts recoverable from reinsurers | 820,838 | | 820,838 | 735,829 |
| 16.2 | Funds held by or deposited with reinsured companies | | | | |
| 16.3 | Other amounts receivable under reinsurance contracts | | | | |
| 17. | Amounts receivable relating to uninsured plans | | | | |
| 18.1 | Current federal and foreign income tax recoverable and interest thereon | | | | |
| 18.2 | Net deferred tax asset | | | | |
| 19. | Guaranty funds receivable or on deposit | | | | |
| 20. | Electronic data processing equipment and software | | | | |
| 21. | Furniture and equipment, including health care delivery assets (\$.....0) | | | | |
| 22. | Net adjustments in assets and liabilities due to foreign exchange rates | | | | |
| 23. | Receivables from parent, subsidiaries and affiliates | 1,070,292 | | 1,070,292 | 560,061 |
| 24. | Health care (\$.....0) and other amounts receivable | | | | |
| 25. | Aggregate write-ins for other-than-invested assets | 1,663,943 | 31,500 | 1,632,443 | 1,362,752 |
| 26. | TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 41,278,684 | 308,415 | 40,970,268 | 35,656,977 |
| 27. | From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | | |
| 28. | TOTAL (Lines 26 and 27) | 41,278,684 | 308,415 | 40,970,268 | 35,656,977 |
| DETAILS OF WRITE-INS | | | | | |
| 1101. | ..... |  |  |  |  |
| 1102. | ..... |  |  |  |  |
| 1103. | ..... |  |  |  |  |
| 1198. | Summary of remaining write-ins for Line 11 from overflow page | | | | |
| 1199. | TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) | | | | |
| 2501. | Accounts Receivable - Risk Adjustment | 1,632,443 | | 1,632,443 | 1,362,752 |
| 2502. | Pre-Paid Expenses | 31,500 | 31,500 | | |
| 2503. | ..... |  |  |  |  |
| 2598. | Summary of remaining write-ins for Line 25 from overflow page | | | | |
| 2599. | TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) | 1,663,943 | 31,500 | 1,632,443 | 1,362,752 |

LIABILITIES, CAPITAL AND SURPLUS

| | | Current Period | | | Prior Year |
|----------------------|--|----------------|----------------|------------|-------------|
| | | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. | Claims unpaid (less \$.00 reinsurance ceded) | 17,049,028 | | 17,049,028 | 14,780,076 |
| 2. | Accrued medical incentive pool and bonus amounts | 451,802 | | 451,802 | 293,183 |
| 3. | Unpaid claims adjustment expenses | 479,725 | | 479,725 | 414,325 |
| 4. | Aggregate health policy reserves, including the liability of \$.00 for medical loss ratio rebate per the Public Health Service Act | | | | |
| 5. | Aggregate life policy reserves | | | | |
| 6. | Property/casualty unearned premium reserve | | | | |
| 7. | Aggregate health claim reserves | | | | |
| 8. | Premiums received in advance | 1,213,876 | | 1,213,876 | 2,341,366 |
| 9. | General expenses due or accrued | 983,382 | | 983,382 | 1,201,719 |
| 10.1 | Current federal and foreign income tax payable and interest thereon (including \$.00 on realized gains (losses)) | | | | |
| 10.2 | Net deferred tax liability | | | | |
| 11. | Ceded reinsurance premiums payable | | | | |
| 12. | Amounts withheld or retained for the account of others | | | | |
| 13. | Remittances and items not allocated | | | | |
| 14. | Borrowed money (including \$.00 current) and interest thereon \$.00 (including \$.00 current) | | | | |
| 15. | Amounts due to parent, subsidiaries and affiliates | 477,284 | | 477,284 | 705,494 |
| 16. | Derivatives | | | | |
| 17. | Payable for securities | | | | |
| 18. | Payable for securities lending | | | | |
| 19. | Funds held under reinsurance treaties with (\$.00 authorized reinsurers, \$.00 unauthorized reinsurers and \$.00 certified reinsurers) | | | | |
| 20. | Reinsurance in unauthorized and certified (\$.00) companies | | | | |
| 21. | Net adjustments in assets and liabilities due to foreign exchange rates | | | | |
| 22. | Liability for amounts held under uninsured plans | | | | |
| 23. | Aggregate write-ins for other liabilities (including \$.00 current) | | | | 1,368,493 |
| 24. | Total liabilities (Lines 1 to 23) | 20,655,098 | | 20,655,098 | 21,104,656 |
| 25. | Aggregate write-ins for special surplus funds | X X X | X X X | | |
| 26. | Common capital stock | X X X | X X X | | |
| 27. | Preferred capital stock | X X X | X X X | | |
| 28. | Gross paid in and contributed surplus | X X X | X X X | 18,000,000 | 18,000,000 |
| 29. | Surplus notes | X X X | X X X | | |
| 30. | Aggregate write-ins for other-than-special surplus funds | X X X | X X X | | |
| 31. | Unassigned funds (surplus) | X X X | X X X | 2,315,170 | (3,447,680) |
| 32. | Less treasury stock, at cost: | | | | |
| 32.1 |0 shares common (value included in Line 26 \$.00) | X X X | X X X | | |
| 32.2 |0 shares preferred (value included in Line 27 \$.00) | X X X | X X X | | |
| 33. | Total capital and surplus (Lines 25 to 31 minus Line 32) | X X X | X X X | 20,315,170 | 14,552,320 |
| 34. | Total Liabilities, capital and surplus (Lines 24 and 33) | X X X | X X X | 40,970,268 | 35,656,977 |
| DETAILS OF WRITE-INS | | | | | |
| 2301. | Risk Adjustment Payable | | | | 1,368,493 |
| 2302. | ..... |  |  |  |  |
| 2303. | ..... |  |  |  |  |
| 2398. | Summary of remaining write-ins for Line 23 from overflow page | | | | |
| 2399. | TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) | | | | 1,368,493 |
| 2501. | ..... | X X X | X X X | | |
| 2502. | ..... | X X X | X X X | | |
| 2503. | ..... | X X X | X X X | | |
| 2598. | Summary of remaining write-ins for Line 25 from overflow page | X X X | X X X | | |
| 2599. | TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) | X X X | X X X | | |
| 3001. | ..... | X X X | X X X | | |
| 3002. | ..... | X X X | X X X | | |
| 3003. | ..... | X X X | X X X | | |
| 3098. | Summary of remaining write-ins for Line 30 from overflow page | X X X | X X X | | |
| 3099. | TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) | X X X | X X X | | |

STATEMENT OF REVENUE AND EXPENSES

| | | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|------------------------------|---|----------------------|-------------|--------------------|------------------------------|
| | | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. | Member Months | X X X | 268,776 | 254,792 | 339,253 |
| 2. | Net premium income (including \$.....0 non-health premium income) | X X X | 108,270,850 | 88,109,086 | 119,444,597 |
| 3. | Change in unearned premium reserves and reserves for rate credits | X X X | | | |
| 4. | Fee-for-service (net of \$.....0 medical expenses) | X X X | | | |
| 5. | Risk revenue | X X X | | | |
| 6. | Aggregate write-ins for other health care related revenues | X X X | | | |
| 7. | Aggregate write-ins for other non-health revenues | X X X | | | |
| 8. | Total revenues (Lines 2 to 7) | X X X | 108,270,850 | 88,109,086 | 119,444,597 |
| Hospital and Medical: | | | | | |
| 9. | Hospital/medical benefits | | 70,643,796 | 57,844,944 | 83,494,418 |
| 10. | Other professional services | | 1,436,407 | 1,211,693 | 1,638,283 |
| 11. | Outside referrals | | | | |
| 12. | Emergency room and out-of-area | | 3,634,651 | 2,968,137 | 4,004,757 |
| 13. | Prescription drugs | | 17,697,922 | 15,955,052 | 21,670,004 |
| 14. | Aggregate write-ins for other hospital and medical | | | | |
| 15. | Incentive pool, withhold adjustments and bonus amounts | | 226,820 | 144,088 | 293,183 |
| 16. | Subtotal (Lines 9 to 15) | | 93,639,596 | 78,123,915 | 111,100,645 |
| Less: | | | | | |
| 17. | Net reinsurance recoveries | | 1,780,430 | 610,339 | 1,005,398 |
| 18. | Total hospital and medical (Lines 16 minus 17) | | 91,859,166 | 77,513,575 | 110,095,247 |
| 19. | Non-health claims (net) | | | | |
| 20. | Claims adjustment expenses, including \$.....943,437 cost containment expenses | | 4,965,457 | 3,520,144 | 1,757,261 |
| 21. | General administrative expenses | | 5,932,356 | 6,121,720 | 10,161,165 |
| 22. | Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) | | | (168,958) | (201,915) |
| 23. | Total underwriting deductions (Lines 18 through 22) | | 102,756,978 | 86,986,481 | 121,811,758 |
| 24. | Net underwriting gain or (loss) (Lines 8 minus 23) | X X X | 5,513,872 | 1,122,605 | (2,367,161) |
| 25. | Net investment income earned | | 427,793 | 64,505 | 132,016 |
| 26. | Net realized capital gains (losses) less capital gains tax of \$.....0 | | | | |
| 27. | Net investment gains or (losses) (Lines 25 plus 26) | | 427,793 | 64,505 | 132,016 |
| 28. | Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] | | | | |
| 29. | Aggregate write-ins for other income or expenses | | | | |
| 30. | Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | X X X | 5,941,664 | 1,187,110 | (2,235,145) |
| 31. | Federal and foreign income taxes incurred | X X X | | | |
| 32. | Net income (loss) (Lines 30 minus 31) | X X X | 5,941,664 | 1,187,110 | (2,235,145) |
| DETAILS OF WRITE-INS | | | | | |
| 0601. | ..... | X X X | | | |
| 0602. | ..... | X X X | | | |
| 0603. | ..... | X X X | | | |
| 0698. | Summary of remaining write-ins for Line 6 from overflow page | X X X | | | |
| 0699. | TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) | X X X | | | |
| 0701. | ..... | X X X | | | |
| 0702. | ..... | X X X | | | |
| 0703. | ..... | X X X | | | |
| 0798. | Summary of remaining write-ins for Line 7 from overflow page | X X X | | | |
| 0799. | TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) | X X X | | | |
| 1401. | ..... |  |  |  |  |
| 1402. | ..... |  |  |  |  |
| 1403. | ..... |  |  |  |  |
| 1498. | Summary of remaining write-ins for Line 14 from overflow page | | | | |
| 1499. | TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) | | | | |
| 2901. | ..... |  |  |  |  |
| 2902. | ..... |  |  |  |  |
| 2903. | ..... |  |  |  |  |
| 2998. | Summary of remaining write-ins for Line 29 from overflow page | | | | |
| 2999. | TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) | | | | |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | | 1 | 2 | 3 |
|--------------------------------------|--|-------------------------|-----------------------|------------------------------------|
| | | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| CAPITAL & SURPLUS ACCOUNT | | | | |
| 33. | Capital and surplus prior reporting year | 14,552,320 | 13,870,451 | 13,870,451 |
| 34. | Net income or (loss) from Line 32 | 5,941,664 | 1,187,110 | (2,235,145) |
| 35. | Change in valuation basis of aggregate policy and claim reserves | | | |
| 36. | Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 | | | |
| 37. | Change in net unrealized foreign exchange capital gain or (loss) | | | |
| 38. | Change in net deferred income tax | | | |
| 39. | Change in nonadmitted assets | (178,815) | 2,906,678 | 2,917,014 |
| 40. | Change in unauthorized and certified reinsurance | | | |
| 41. | Change in treasury stock | | | |
| 42. | Change in surplus notes | | | |
| 43. | Cumulative effect of changes in accounting principles | | | |
| 44. | Capital Changes: | | | |
| 44.1 | Paid in | | | |
| 44.2 | Transferred from surplus (Stock Dividend) | | | |
| 44.3 | Transferred to surplus | | | |
| 45. | Surplus adjustments: | | | |
| 45.1 | Paid in | | | |
| 45.2 | Transferred to capital (Stock Dividend) | | | |
| 45.3 | Transferred from capital | | | |
| 46. | Dividends to stockholders | | | |
| 47. | Aggregate write-ins for gains or (losses) in surplus | | | |
| 48. | Net change in capital and surplus (Lines 34 to 47) | 5,762,849 | 4,093,788 | 681,870 |
| 49. | Capital and surplus end of reporting period (Line 33 plus 48) | 20,315,170 | 17,964,239 | 14,552,320 |
| DETAILS OF WRITE-INS | | | | |
| 4701. | 0 | | | |
| 4702. | Proir Year Revenue and Expense | | | |
| 4703. | ..... |  |  |  |
| 4798. | Summary of remaining write-ins for Line 47 from overflow page | | | |
| 4799. | TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) | | | |

CASH FLOW

| | | 1 | 2 | 3 |
|---|---|-------------|------------|-------------|
| | | Current | Prior | Prior |
| | | Year | Year | Year Ended |
| | | To Date | To Date | December 31 |
| Cash from Operations | | | | |
| 1. | Premiums collected net of reinsurance | 105,796,803 | 87,642,379 | 120,566,027 |
| 2. | Net investment income | 396,749 | 41,377 | 105,707 |
| 3. | Miscellaneous income | | | |
| 4. | TOTAL (Lines 1 to 3) | 106,193,552 | 87,683,757 | 120,671,734 |
| 5. | Benefit and loss related payments | 89,516,602 | 78,999,400 | 107,854,095 |
| 6. | Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 7. | Commissions, expenses paid and aggregate write-ins for deductions | 11,050,750 | 8,623,011 | 11,516,538 |
| 8. | Dividends paid to policyholders | | | |
| 9. | Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) | | | |
| 10. | TOTAL (Lines 5 through 9) | 100,567,352 | 87,622,411 | 119,370,633 |
| 11. | Net cash from operations (Line 4 minus Line 10) | 5,626,200 | 61,345 | 1,301,101 |
| Cash from Investments | | | | |
| 12. | Proceeds from investments sold, matured or repaid: | | | |
| 12.1 | Bonds | | | |
| 12.2 | Stocks | | | |
| 12.3 | Mortgage loans | | | |
| 12.4 | Real estate | | | |
| 12.5 | Other invested assets | | | |
| 12.6 | Net gains or (losses) on cash, cash equivalents and short-term investments | | | |
| 12.7 | Miscellaneous proceeds | | 2,438,789 | |
| 12.8 | TOTAL investment proceeds (Lines 12.1 to 12.7) | | 2,438,789 | |
| 13. | Cost of investments acquired (long-term only): | | | |
| 13.1 | Bonds | | | |
| 13.2 | Stocks | | | |
| 13.3 | Mortgage loans | | | |
| 13.4 | Real estate | | | |
| 13.5 | Other invested assets | | | |
| 13.6 | Miscellaneous applications | | | |
| 13.7 | TOTAL investments acquired (Lines 13.1 to 13.6) | | | |
| 14. | Net increase (or decrease) in contract loans and premium notes | | | |
| 15. | Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | | 2,438,789 | |
| Cash from Financing and Miscellaneous Sources | | | | |
| 16. | Cash provided (applied): | | | |
| 16.1 | Surplus notes, capital notes | | | |
| 16.2 | Capital and paid in surplus, less treasury stock | | | |
| 16.3 | Borrowed funds | | | |
| 16.4 | Net deposits on deposit-type contracts and other insurance liabilities | | | |
| 16.5 | Dividends to stockholders | | | |
| 16.6 | Other cash provided (applied) | (2,362,920) | 2,860,498 | 4,246,007 |
| 17. | Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) | (2,362,920) | 2,860,498 | 4,246,007 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | | |
| 18. | Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | 3,263,280 | 5,360,633 | 5,547,108 |
| 19. | Cash, cash equivalents and short-term investments: | | | |
| 19.1 | Beginning of year | 30,697,574 | 25,150,465 | 25,150,465 |
| 19.2 | End of period (Line 18 plus Line 19.1) | 33,960,854 | 30,511,098 | 30,697,574 |

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

| | | | | |
|---------|--|--|--|--|
| 20.0001 | | | | |
|---------|--|--|--|--|

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|----------------|------------------------------------|----------------|------------------------------|----------------------|----------------------|--|-------------------------------|-----------------------------|-----------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 28,075 | 2,727 | 25,348 | | | | | | | |
| 2. First Quarter | 30,049 | 6,088 | 23,874 | 87 | | | | | | |
| 3. Second Quarter | 29,626 | 5,814 | 23,684 | 128 | | | | | | |
| 4. Third Quarter | 29,118 | 5,609 | 23,324 | 185 | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | 268,776 | 53,161 | 214,543 | 1,072 | | | | | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician | 156,732 | 31,000 | 125,107 | 625 | | | | | | |
| 8. Non-Physician | 26,812 | 5,303 | 21,402 | 107 | | | | | | |
| 9. Total | 183,544 | 36,303 | 146,509 | 732 | | | | | | |
| 10. Hospital Patient Days Incurred | 7,071 | 1,425 | 5,628 | 18 | | | | | | |
| 11. Number of Inpatient Admissions | 1,566 | 308 | 1,247 | 11 | | | | | | |
| 12. Health Premiums Written (a) | 109,836,763 | 26,636,471 | 83,042,903 | 157,389 | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | 109,836,763 | 26,636,471 | 83,042,903 | 157,389 | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 89,590,213 | 16,568,415 | 72,957,609 | 64,189 | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | 93,639,596 | 19,003,931 | 74,494,014 | 141,651 | | | | | | |

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.0.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

| Aging Analysis of Unpaid Claims | | | | | | |
|--|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| 1 Account | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 days | 6 Over 120 Days | 7 Total |
| Claims unpaid (Reported) | | | | | | |
| CHILDRENS HOSP MED C | 25,282 | | | | | 25,282 |
| HENRY FORD W BLMFLD | 12,733 | | | | | 12,733 |
| MCLAREN MACOMB | | | | 47,947 | | 47,947 |
| RED CEDAR SURGERY CE | 39,150 | | | | | 39,150 |
| UNIVERSITY OF MICHIG | 93,645 | | 36,657 | | | 130,302 |
| ALLEGIANCE HEALTH | 18,541 | | | | | 18,541 |
| INGHAM REGIONAL MEDI | 22,282 | | | | | 22,282 |
| 0199999 Individually Listed Claims Unpaid | 211,633 | | 36,657 | 47,947 | | 296,237 |
| 0299999 Aggregate Accounts Not Individually Listed - Uncovered | | | | | | |
| 0399999 Aggregate Accounts Not Individually Listed - Covered | 6,833,171 | 852,210 | 24,618 | 62,991 | 25,313 | 7,798,303 |
| 0499999 Subtotals | 7,044,804 | 852,210 | 61,275 | 110,938 | 25,313 | 8,094,540 |
| 0599999 Unreported claims and other claim reserves | | | | | | 8,954,488 |
| 0699999 Total Amounts Withheld | | | | | | |
| 0799999 Total Claims Unpaid | | | | | | 17,049,028 |
| 0899999 Accrued Medical Incentive Pool And Bonus Amounts | | | | | | 451,802 |

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

| Line of Business | | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 | 6 |
|------------------------|---|--|---|--|---|--|---|
| | | 1 | 2 | 3 | 4 | Claims Incurred in Prior Years (Columns 1+3) | Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year |
| | | On Claims Incurred Prior to January 1 of Current Year | On Claims Incurred During the Year | On Claims Unpaid Dec 31 of Prior Year | On Claims Incurred During the Year | | |
| 1. | Comprehensive (hospital & medical) | 14,148,476 | 75,150,728 | 198,981 | 16,772,586 | 14,347,457 | 14,780,076 |
| 2. | Medicare Supplement | | 64,189 | | 77,461 | | |
| 3. | Dental only | | | | | | |
| 4. | Vision only | | | | | | |
| 5. | Federal Employees Health Benefits Plan | | | | | | |
| 6. | Title XVIII - Medicare | | | | | | |
| 7. | Title XIX - Medicaid | | | | | | |
| 8. | Other health | | | | | | |
| 9. | Health subtotal (Lines 1 to 8) | 14,148,476 | 75,214,917 | 198,981 | 16,850,047 | 14,347,457 | 14,780,076 |
| 10. | Healthcare receivables (a) | | | | | | |
| 11. | Other non-health | | | | | | |
| 12. | Medical incentive pools and bonus amounts | 68,200 | | 224,983 | 226,820 | 293,183 | 293,183 |
| 13. | Totals (Lines 9 - 10 + 11 + 12) | 14,216,676 | 75,214,917 | 423,964 | 17,076,867 | 14,640,640 | 15,073,258 |

(a) Excludes \$.00 loans or advances to providers not yet expensed.

Notes to Financial Statement

1. Summary of Significant Accounting Policies

The accompanying statutory financial statements of McLaren Health Plan Community (the “Company”) have been prepared in conformity with accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (“DIFS”).

DIFS recognizes only statutory accounting practices prescribed or permitted by the state of Michigan for determining and reporting the financial condition and results of operations of an insurance company, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners (“NAIC”) Accounting Practices and Procedures Manual (“NAIC SAP”).

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by DIFS for the periods ending September 30, 2018 and December 31, 2017 is as follows:

| | Description | SSAP | F/S Page | F/S Line # | State of Domicile | 2018 | 2017 |
|------------|--|------|----------|------------|-------------------|------------|-------------|
| Net Income | | | | | | | |
| 1 | State Basis | XXX | XXX | XXX | MI | 5,941,664 | (2,235,145) |
| 2 | State Prescribed Practices that increase/(decrease) NAIC SAP | | | | | - | - |
| 3 | State Permitted Practices that increase/(decrease) NAIC SAP | | | | | - | - |
| 4 | NAIC SAP | XXX | XXX | XXX | MI | 5,941,664 | (2,235,145) |
| Surplus | | | | | | | |
| 5 | State Basis | XXX | XXX | XXX | MI | 20,346,670 | 14,552,320 |
| 6 | State Prescribed Practices that increase/(decrease) NAIC SAP | | | | | - | - |
| 7 | State Permitted Practices that increase/(decrease) NAIC SAP | | | | | - | - |
| 8 | NAIC SAP | XXX | XXX | XXX | MI | 20,346,670 | 14,552,320 |

2. Accounting Changes and Corrections of Errors

No change

3. Business Combinations and Goodwill

No change

4. Discontinued Operations

No change

5. Investments

No change

6. Joint Ventures, Partnerships and Limited Liability Companies

No change

7. Investment Income

No change

8. Derivative Investments

No change

9. Income Taxes

No change

10. Information Concerning Parent, Subsidiaries and Affiliates

- A. On March 15, 2018 the Board of Directors of McLaren Health Care Corporation adopted a resolution to establish a Michigan nonprofit corporation McLaren Integrated HMO Group as to which MHCC would be the sole Member. Further, the Board of Directors of McLaren Health Care Corporation adopted a resolution to transfer its Membership in the McLaren Health Plan, Inc. and MDwise, Inc. to the McLaren Integrated HMO Group.
- B. No change
- C. No change

Notes to Financial Statement

D. Due from Affiliate: \$1,070,292 amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.

Due to Affiliate: \$477,284 amounts due to affiliates for various administrative support and information system operations support. The amounts are settled monthly.

E. Guarantees and undertakings: No change

F. Management Agreements between:

(1) McLaren Health Plan (MHP) and McLaren Health Plan Community (MHP Community) – MHP agrees to provide Leased Employees to perform certain operational, personnel services and other resources to MHP Community. Amount for January – September 2018 = \$4,631,114

G. No change

H. No change

I. No change

J. No change

K. No change

L. No change

M. No change

N. No change

11. Debt
No change
12. Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Postretirement Benefit Plans
No change
13. Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations
No change
14. Contingencies
No change
15. Leases
No change
16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk
No change
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
No change
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
No change
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
No change
20. Fair Value Measurements

A. Fair Value Measurements: N/A
B. Other Fair Value Measurements: N/A
C. Fair Value of Financial Instruments:

Notes to Financial Statement

| | | | | | | | |
|------------------------------|----------------------|-----------------|---------|--------------|---------|--|-------------------------------------|
| | | | | | | | |
| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | Level 1 | Level 2 | Level 3 | | Not Practicable (Carrying Value) |
| Bonds | \$ 983,498 | \$ 1,015,012 | | \$ 1,015,012 | | | |

21. Other Items
No change
22. Events Subsequent
No change
23. Reinsurance
No change
24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

1. Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions? Yes

Notes to Financial Statement

2.

| | | AMOUNT |
|---------------------------------------|---|-----------|
| Permanent ACA Risk Adjustment Program | | |
| | Assets | |
| 1. | Premium adjustments receivable due to ACA Risk Adjustment | \$ - |
| | Liabilities | |
| 2. | Risk adjustment user fees payable for ACA Risk Adjustment | \$ 10,568 |
| 3. | Premium adjustments payable due to ACA Risk Adjustment | \$ - |
| Operations (Revenue & Expense) | | |
| 4. | Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment | \$ - |
| 5. | Reported in expenses as ACA risk adjustment user fees (incurred/paid) | \$ 2,236 |
| Transitional ACA Reinsurance Program | | |
| | Assets | |
| 1. | Amounts recoverable for claims paid due to ACA Reinsurance | \$ - |
| 2. | Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability) | \$ - |
| 3. | Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance | \$ - |
| | Liabilities | |
| 4. | Liabilities for contribution payable due to ACA Reinsurance - not reported as ceded premium | \$ - |
| 5. | Ceded reinsurance premiums payable due to ACA Reinsurance | \$ - |
| 6. | Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance | \$ - |
| Operations (Revenue & Expense) | | |
| 7. | Ceded reinsurance premiums due to ACA Reinsurance | \$ - |
| 8. | Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments | \$ - |
| 9. | ACA Reinsurance contributions - not reported as ceded premium | \$ - |
| Temporary ACA Risk Corridors Program | | |
| | Assets | |
| 1. | Accrued retrospective premium due to ACA Risk Corridors | \$ - |
| | Liabilities | |
| 2. | Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors | \$ - |
| Operations (Revenue & Expense) | | |
| 3. | Effect of ACA Risk Corridors on net premium income (paid/received) | \$ - |
| 4. | Effect of ACA Risk Corridors on change in reserves for rate credits | \$ - |

STATEMENT AS OF September 30, 2018 OF THE McLaren Health Plan Community

Notes to Financial Statement

3.

| ROLL-FORWARD OF PRIOR YEAR ACA RISK-SHARING PROVISIONS | | | | | | | | | | | | |
|--|--------------|--|--------------|--|--------------|--|--|------------------------|------------------------|--------------|---|---|
| | | Accrued During the Prior Year on Business Written Before December 31 of the Prior Year | | Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year | | Differences | | Adjustments | | | Unsettled Balances as of the Reporting Date | |
| | | | | | | Prior Year Accrued Less Payments (Col 1 - 3) | Prior Year Accrued Less Payments (Col 2-4) | To Prior Year Balances | To Prior Year Balances | Ref | Cumulative Balance from Prior Years (Col 1 - 3 + 7) | Cumulative Balance from Prior Years (Col 2 - 4 + 8) |
| | | | | | | | | | | | | |
| | | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | Ref | Receivable | (Payable) |
| | | | | | | | | | | | | |
| Permanent ACA Risk Adjustment Program | | | | | | | | | | | | |
| Premium adjustments receivable | \$ 1,362,752 | | \$ - | | \$ 1,362,752 | \$ - | \$ 269,691 | | A | \$ 1,632,443 | \$ - | |
| Premium adjustments (payable) | | \$ (1,368,493) | \$ - | \$ (2,224,176) | \$ - | \$ 855,683 | \$ - | \$ (855,683) | B | \$ - | \$ - | |
| Subtotal ACA Permanent Risk Adjustment Program | \$ 1,362,752 | \$ (1,368,493) | \$ - | \$ (2,224,176) | \$ 1,362,752 | \$ 855,683 | \$ 269,691 | \$ (855,683) | | \$ 1,632,443 | \$ - | |
| Transitional ACA Reinsurance Program | | | | | | | | | | | | |
| Amounts recoverable for claims paid | \$ 67,171.19 | | \$ 65,241.64 | | \$ 1,930 | \$ - | | | C | \$ 1,930 | \$ - | |
| Amounts recoverable for claims unpaid (contra liability) | | | | | \$ - | \$ - | | | D | \$ - | \$ - | |
| Amounts receivable relating to uninsured plans | | | | | \$ - | \$ - | | | E | \$ - | \$ - | |
| Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium | | \$ - | | \$ - | \$ - | \$ - | | | F | \$ - | \$ - | |
| Ceded reinsurance premiums payable | | \$ - | | \$ - | \$ - | \$ - | \$ - | | G | \$ - | \$ - | |
| Liability for amounts held under uninsured plans | | | | | \$ - | \$ - | | | H | \$ - | \$ - | |
| Subtotal ACA Transitional Reinsurance Program | \$ 67,171 | \$ - | \$ 65,242 | \$ - | \$ 1,930 | \$ - | \$ - | \$ - | | \$ 1,930 | \$ - | |
| Temporary ACA Risk Corridors Program | | | | | | | | | | | | |
| Accrued retrospective premium | \$ - | \$ - | \$ - | | \$ - | \$ - | \$ - | \$ - | I | \$ - | \$ - | |
| Reserve for rate credit or policy experience rating refunds | | | | | \$ - | \$ - | \$ - | \$ - | J | \$ - | \$ - | |
| Subtotal ACA Risk Corridors Program | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | \$ - | \$ - | |
| Total for ACA Risk Sharing Provisions | \$ 1,429,923 | \$ (1,368,493) | \$ 65,242 | \$ (2,224,176) | \$ 1,364,682 | \$ 855,683 | \$ 269,691 | \$ (855,683) | | \$ 1,634,373 | \$ - | |

4.

| Risk Corridors Program Year | Accrued During the Prior Year on Business Written Before December 31 of the Prior Year | | Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year | | Differences | | Adjustments | | | Unsettled Balances as of the Reporting Date | |
|---|--|-----------|--|-----------|---|---|------------------------------|------------------------------|------|--|--|
| | | | | | | | | | | | |
| | | | | | Prior Year Accrued Less Payments (Col 1 - 3) | Prior Year Accrued Less Payments | To Prior Year Balances | To Prior Year Balances | Ref | Cumulative Balance from Prior Years (Col 1 - 3 + 7) | Cumulative Balance from Prior Years (Col 2 - 4 + 8) |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | 9 | 10 |
| | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | | Receivable | (Payable) |
| a. 2014 | | | | | | | | | | | |
| 1. Accrued retrospective premium | | | | | \$ - | \$ - | | | | | |
| 2. Reserve for rate credits or policy experience rating refunds | | | | | \$ - | \$ - | | | | | |
| | | | | | | | | | | | |
| b. 2015 | | | | | | | | | | | |
| 1. Accrued retrospective premium | \$ - | \$ - | \$ - | | \$ - | \$ - | \$ - | \$ - | | \$ - | |
| 2. Reserve for rate credits or policy experience rating refunds | | | | | \$ - | \$ - | | | | | |
| | | | | | | | | | | | |
| c. 2016 | | | | | | | | | | | |
| 1. Accrued retrospective premium | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | | \$ - | |
| 2. Reserve for rate credits or policy experience rating refunds | | | | | \$ - | \$ - | | | | | |
| | | | | | | | | | | | |
| d. Total for Risk Corridors | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

5.

| Risk Corridors Program Year | Estimated Amount to be Filed or Final amount Filed with CMS | Non-Accrued Amounts for Impairment or Other Reasons | Amounts received from CMS | Asset Balance (Gross of Non-admissions) | Non-Admitted Amount | Net Admitted Asset |
|-----------------------------|---|---|---------------------------|---|---------------------|--------------------|
| 2014 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 2015 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 2016 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Total | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

Notes to Financial Statement

25. Change in Incurred Claims and Claim Adjustment Expenses
No change
26. Intercompany Pooling Arrangements
No change
27. Structured Settlements
No change
28. Health Care Receivables
A.

| *Section ID | Quarter | Estimated pharmacy rebates reported | Pharmacy rebates as billed | Actual rebates received <= 90 days | Actual rebates received 91 - 180 days | Actual rebates received > 180 days | Total Received |
|-------------|----------|-------------------------------------|----------------------------|------------------------------------|---------------------------------------|------------------------------------|----------------|
| 01 | 09/30/18 | | | | | | - |
| 01 | 06/30/18 | | | | | | - |
| 01 | 03/31/18 | | | 560,730 | | | 560,730 |
| 01 | 12/31/17 | 365,181 | 365,181 | 423,123 | | | 423,123 |
| 01 | 09/30/17 | | | | | 438,030 | 438,030 |
| 01 | 06/30/17 | | | | | 444,939 | 444,939 |
| 01 | 03/31/17 | | | | | 420,754 | 420,754 |
| 01 | 12/31/16 | | | | | 314,650 | 314,650 |
| 01 | 09/30/16 | | | | | 234,853 | 234,853 |
| 01 | 06/30/16 | | | | | 48 | 48 |
| 01 | 03/31/16 | | | | | 134 | 134 |

B. Risk Sharing Receivables – No Change

29. Participating Policies
No change
30. Premium Deficiency Reserves
No change
31. Anticipated Salvage and Subrogation
No change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[] No[] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[] No[X]
- 2.2 If yes, date of change:

.....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes[X] No[]
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?

Yes[] No[X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1 | 2 | 3 |
|----------------|-------------------|-------------------|
| Name of Entity | NAIC Company Code | State of Domicile |
| | | |

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation.

Yes[] No[] N/A[X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2015.....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....12/31/2015.....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....03/21/2017.....
- 6.4 By what department or departments?
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes[X] No[] N/A[]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[X] No[] N/A[]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

| 1 | 2 | 3 | 4 | 5 | 6 |
|----------------|------------------------|----------------|----------------|----------------|----------------|
| Affiliate Name | Location (City, State) | FRB | OCC | FDIC | SEC |
| | | No | No | No | No |

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes[X] No[]
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$..... 1,070,292

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[X] No[]
- 11.2 If yes, give full and complete information relating thereto:
Bonds are held by the State of Michigan Treasury in a safekeeping account as required by the Department of Insurance & Financial Services
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$..... 0
13. Amount of real estate and mortgages held in short-term investments:

\$..... 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[] No[X]
- 14.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

| | | 1 | 2 |
|-------|---|---|--|
| | | Prior Year-End Book/Adjusted Carrying Value | Current Quarter Book/Adjusted Carrying Value |
| 14.21 | Bonds | | |
| 14.22 | Preferred Stock | | |
| 14.23 | Common Stock | | |
| 14.24 | Short-Term Investments | | |
| 14.25 | Mortgages Loans on Real Estate | | |
| 14.26 | All Other | | |
| 14.27 | Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | | |
| 14.28 | Total Investment in Parent included in Lines 14.21 to 14.26 above | | |

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes[] No[X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes[] No[] N/A[X]

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ 0

16.3 Total payable for securities lending reported on the liability page

\$ 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| 1 | 2 |
|-------------------------------|---|
| Name of Custodian(s) | Custodian Address |
| JPMORGAN CHASE BANK, NA | 1111 Polaris Parkway, Columbus OH 43240 |

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

| 1 | 2 | 3 |
|---------|-------------|-------------------------|
| Name(s) | Location(s) | Complete Explanation(s) |
| | | |

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes[] No[X]

17.4 If yes, give full and complete information relating thereto:

| 1 | 2 | 3 | 4 |
|---------------|---------------|----------------|--------|
| Old Custodian | New Custodian | Date of Change | Reason |
| | | | |

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [" that have access to the investment accounts"; " handle securities"]

| 1 | 2 |
|---|---------------|
| Name of Firm or Individual | Affiliation |
| Cheryl Diehl, Chief Financial Officer | I |

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes[] No[X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes[] No[X]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1 | 2 | 3 | 4 | 5 |
|--|----------------------------|-------------------------------|-----------------|---|
| Central Registration Depository Number | Name of Firm or Individual | Legal Entity Identifier (LEI) | Registered With | Investment Management Agreement (IMA) Filed |
| | | | | |

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[]

18.2 If no, list exceptions:

19. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designated 5*GI security:

a. Documentation necessary to permit a full credit analysis of the security does not exist.

b. Issuer or obligor is current on all contracted interest and principal payments.

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5*GI securities?

Yes[] No[X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

| | |
|---|---------------|
| 1. Operating Percentages: | |
| 1.1 A&H loss percent | 86.490% |
| 1.2 A&H cost containment percent | 0.870% |
| 1.3 A&H expense percent excluding cost containment expenses | 9.190% |
| 2.1 Do you act as a custodian for health savings accounts? | Yes[] No[X] |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date. | \$..... 0 |
| 2.3 Do you act as an administrator for health savings accounts? | Yes[] No[X] |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date. | \$..... 0 |
| 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? | Yes[] No[X] |
| 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? | Yes[] No[X] |

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Reinsurer | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Type of Reinsurer | 8 Certified Reinsurer Rating (1 through 6) | 9 Effective Date of Certified Reinsurer Rating |
|---|-------------------|------------------------|-----------------------------|----------------------------------|--------------------------------------|---------------------------|---|---|
| | | | | | | | | |
| | | | | | | | | |
| Accident and Health - Affiliates | | | | | | | | |
| 11835 | 04-1590940 | 01/01/2018 | PARTNERRE AMER INS CO | DE | SSL/L/I | Authorized | 1 | 12/11/2017 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

| | | Direct Business Only | | | | | | | | |
|----------------------|---|----------------------|------------------------------|----------------------|--------------------|--|--|-----------------------------|---------------------------|------------------------|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| State, Etc. | | Active Status (a) | Accident and Health Premiums | Medicare Title XVIII | Medicaid Title XIX | Federal Employees Health Benefits Program Premiums | Life and Annuity Premiums and Other Considerations | Property/ Casualty Premiums | Total Columns 2 Through 7 | Deposit-Type Contracts |
| 1. | Alabama (AL) | N | | | | | | | | |
| 2. | Alaska (AK) | N | | | | | | | | |
| 3. | Arizona (AZ) | N | | | | | | | | |
| 4. | Arkansas (AR) | N | | | | | | | | |
| 5. | California (CA) | N | | | | | | | | |
| 6. | Colorado (CO) | N | | | | | | | | |
| 7. | Connecticut (CT) | N | | | | | | | | |
| 8. | Delaware (DE) | N | | | | | | | | |
| 9. | District of Columbia (DC) | N | | | | | | | | |
| 10. | Florida (FL) | N | | | | | | | | |
| 11. | Georgia (GA) | N | | | | | | | | |
| 12. | Hawaii (HI) | N | | | | | | | | |
| 13. | Idaho (ID) | N | | | | | | | | |
| 14. | Illinois (IL) | N | | | | | | | | |
| 15. | Indiana (IN) | N | | | | | | | | |
| 16. | Iowa (IA) | N | | | | | | | | |
| 17. | Kansas (KS) | N | | | | | | | | |
| 18. | Kentucky (KY) | N | | | | | | | | |
| 19. | Louisiana (LA) | N | | | | | | | | |
| 20. | Maine (ME) | N | | | | | | | | |
| 21. | Maryland (MD) | N | | | | | | | | |
| 22. | Massachusetts (MA) | N | | | | | | | | |
| 23. | Michigan (MI) | L | 109,836,763 | | | | | | 109,836,763 | |
| 24. | Minnesota (MN) | N | | | | | | | | |
| 25. | Mississippi (MS) | N | | | | | | | | |
| 26. | Missouri (MO) | N | | | | | | | | |
| 27. | Montana (MT) | N | | | | | | | | |
| 28. | Nebraska (NE) | N | | | | | | | | |
| 29. | Nevada (NV) | N | | | | | | | | |
| 30. | New Hampshire (NH) | N | | | | | | | | |
| 31. | New Jersey (NJ) | N | | | | | | | | |
| 32. | New Mexico (NM) | N | | | | | | | | |
| 33. | New York (NY) | N | | | | | | | | |
| 34. | North Carolina (NC) | N | | | | | | | | |
| 35. | North Dakota (ND) | N | | | | | | | | |
| 36. | Ohio (OH) | N | | | | | | | | |
| 37. | Oklahoma (OK) | N | | | | | | | | |
| 38. | Oregon (OR) | N | | | | | | | | |
| 39. | Pennsylvania (PA) | N | | | | | | | | |
| 40. | Rhode Island (RI) | N | | | | | | | | |
| 41. | South Carolina (SC) | N | | | | | | | | |
| 42. | South Dakota (SD) | N | | | | | | | | |
| 43. | Tennessee (TN) | N | | | | | | | | |
| 44. | Texas (TX) | N | | | | | | | | |
| 45. | Utah (UT) | N | | | | | | | | |
| 46. | Vermont (VT) | N | | | | | | | | |
| 47. | Virginia (VA) | N | | | | | | | | |
| 48. | Washington (WA) | N | | | | | | | | |
| 49. | West Virginia (WV) | N | | | | | | | | |
| 50. | Wisconsin (WI) | N | | | | | | | | |
| 51. | Wyoming (WY) | N | | | | | | | | |
| 52. | American Samoa (AS) | N | | | | | | | | |
| 53. | Guam (GU) | N | | | | | | | | |
| 54. | Puerto Rico (PR) | N | | | | | | | | |
| 55. | U.S. Virgin Islands (VI) | N | | | | | | | | |
| 56. | Northern Mariana Islands (MP) | N | | | | | | | | |
| 57. | Canada (CAN) | N | | | | | | | | |
| 58. | Aggregate other alien (OT) | X X X | | | | | | | | |
| 59. | Subtotal | X X X | 109,836,763 | | | | | | 109,836,763 | |
| 60. | Reporting entity contributions for Employee Benefit Plans | X X X | | | | | | | | |
| 61. | Total (Direct Business) | X X X | 109,836,763 | | | | | | 109,836,763 | |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 58001. | ..... | X X X | | | | | | | | |
| 58002. | ..... | X X X | | | | | | | | |
| 58003. | ..... | X X X | | | | | | | | |
| 58998. | Summary of remaining write-ins for Line 58 from overflow page | X X X | | | | | | | | |
| 58999. | TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above) | X X X | | | | | | | | |

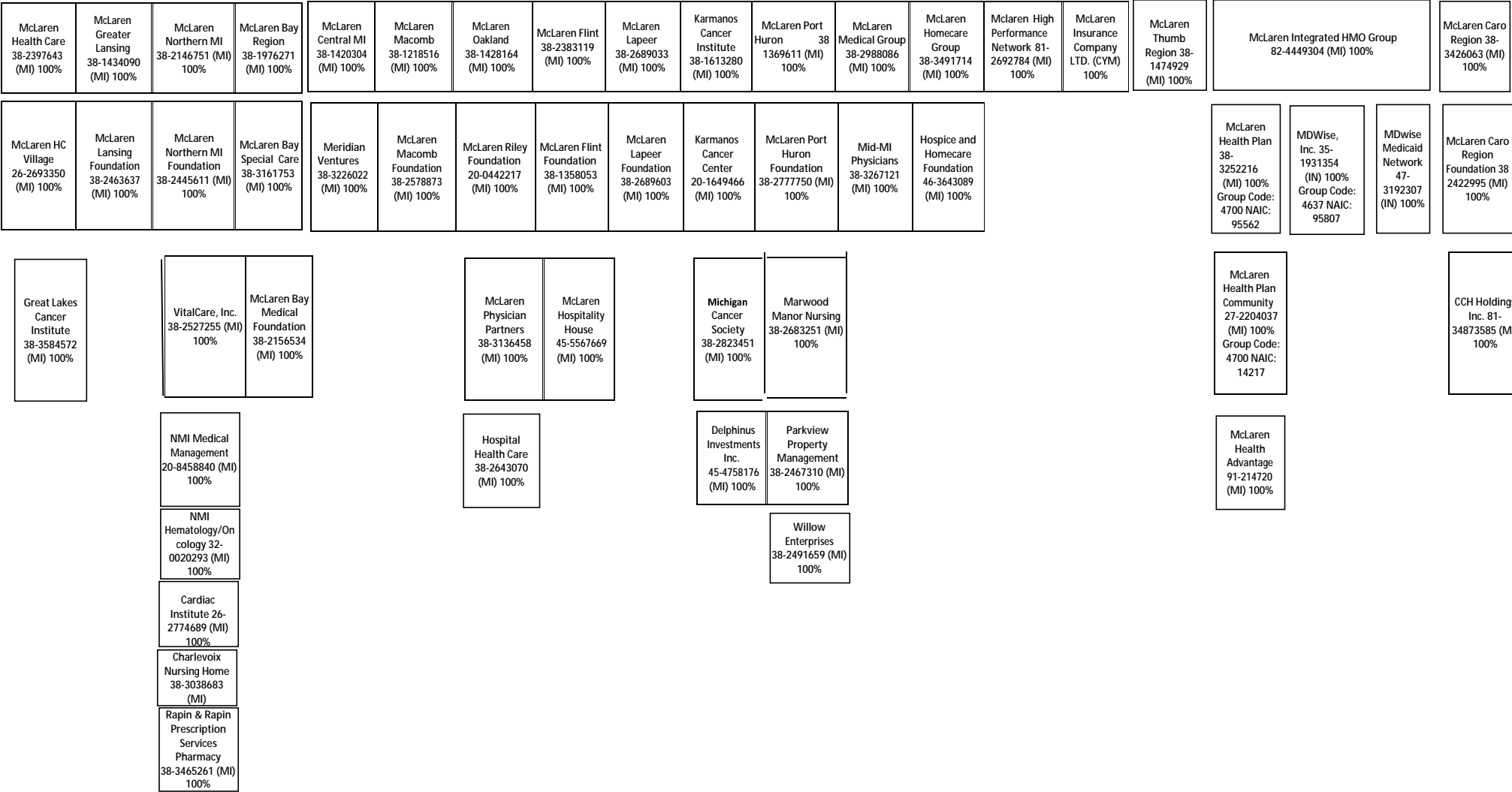
(a) Active Status Counts:

- L Licensed or Chartered - Licensed insurance carrier or domiciled RRG
- E Eligible - Reporting entities eligible or approved to write surplus lines in the state
- N None of the above Not allowed to write business in the state

- R Registered - Non-domiciled RRGs
- Q Qualified - Qualified or accredited reinsurer

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

McLaren Health
Care Corporation



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

916

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|------------|---------------------|------------|--------------|-----|--|---|--------------------------|--|---|--|--|--|----------------------------------|----|
| Group Code | Group Name | NAIC Comp- any Code | ID Number | FEDERAL RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domic- iliary Loca- tion | Rela- tion- ship to Report- ing Entity | Directly Controlled by (Name of Entity / Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Y/N) | * |
| | | 00000 | 38-2397643 | | | | McLaren HealthCare Corp | MI | UDP | | | | | N | |
| | | 00000 | 26-2693350 | | | | McLaren HealthCare Village | MI | NIA | McLaren HealthCare Corp | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-3584572 | | | | Great Lakes Cancer Institute | MI | NIA | McLaren HealthCare Corp | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-1613280 | | | | Karmanos Cancer Institute | MI | NIA | McLaren HealthCare Corp | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 20-1649466 | | | | Karmanos Cancer Center | MI | NIA | Karmanos Cancer Institute | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-2823451 | | | | Michigan Cancer Society | MI | NIA | Karmanos Cancer Institute | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 45-4758176 | | | | Delphinus Investments Inc. | MI | NIA | Karmanos Cancer Institute | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-2156534 | | | | Bay Medical Foundation | MI | NIA | Bay Regional Medical Center | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-1976271 | | | | Bay Regional Medical Center DBA McLaren Bay Region | MI | NIA | McLaren HealthCare Corp | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-3161753 | | | | Bay Special Care Hospital | MI | NIA | Bay Regional Medical Center DBA McLaren Bay Region | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-1420304 | | | | Central Michigan Community Hosital DBA McLaren Central Michigan | MI | NIA | McLaren HealthCare Corp | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-3226022 | | | | Meridian Ventures, Inc. | MI | NIA | Central Michigan Community Hosital DBA McLaren Central Michigan | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-1434090 | | | | Ingham Regional Medical Center DBA McLaren Greater Lansing | MI | NIA | McLaren HealthCare Corp | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-2463637 | | | | McLaren Lansing Foundation | MI | NIA | Ingham Regional Medical Center DBA McLaren Greater Lansing | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-2146751 | | | | McLaren Northern Michigan | MI | NIA | McLaren HealthCare Corp | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-2445611 | | | | McLaren Norther MI Foundation | MI | NIA | McLaren Northern Michigan | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-2527255 | | | | VitalCare, Inc. | MI | NIA | McLaren Northern Michigan | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 20-8458840 | | | | NMI Medical Management | MI | NIA | McLaren Northern Michigan | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 32-0020293 | | | | NMI Hematology/Oncology | MI | NIA | McLaren Northern Michigan | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 26-2774689 | | | | Cardiac Institute | MI | NIA | McLaren Northern Michigan | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-3038683 | | | | Charlevoix Nursing Home | MI | NIA | McLaren Northern Michigan | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-3465261 | | | | Rapin & Rapin Prescription Services Pharmacy | MI | NIA | McLaren Northern Michigan | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-1218516 | | | | McLaren Macomb | MI | NIA | McLaren HealthCare Corp | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-2578873 | | | | McLaren Macomb Foundation | MI | NIA | McLaren Macomb | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-1428164 | | | | Pontiac Osteopathic Hospital DBA McLaren Oakland | MI | NIA | McLaren HealthCare Corp | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 20-0442217 | | | | McLaren Riley Foundation | MI | NIA | Pontiac Osteopathic Hospital DBA McLaren Oakland | Ownership | 100.0 | McLaren Health Care Corporation | N | |

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|------------|---------------------|------------|--------------|-----|--|--|--------------------------|--|--|--|--|--|----------------------------------|----|
| Group Code | Group Name | NAIC Comp- any Code | ID Number | FEDERAL RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domic- iliary Loca- tion | Rela- tion- ship to Report- ing Entity | Directly Controlled by (Name of Entity / Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Y/N) | * |
| Q16.1 | | 00000 | 38-2643070 | | | | Hospital Health Care | MI | NIA | Pontiac Osteopathic Hospital DBA McLaren Oakland | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-3136458 | | | | McLaren Physician Partners | MI | NIA | McLaren HealthCare Corp | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-2383119 | | | | McLaren Regional Medical Center DBA McLaren Flint | MI | NIA | McLaren HealthCare Corp | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-1358053 | | | | The McLaren Flint Foundation | MI | NIA | McLaren Regional Medical Center DBA McLaren Flint | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 45-5567669 | | | | McLaren Hospitality House | MI | NIA | McLaren Regional Medical Center DBA McLaren Flint | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-2689033 | | | | Lapeer Regional Medical Center DBA McLaren Lapeer Region | MI | NIA | McLaren HealthCare Corp | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-2689603 | | | | McLaren Lapeer Foundation | MI | NIA | Lapeer Regional Medical Center DBA McLaren Lapeer Region | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-1369611 | | | | McLaren Port Huron | MI | NIA | McLaren HealthCare Corp | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-2777750 | | | | McLaren Port Huron Hospital Foundation | MI | NIA | McLaren Port Huron | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-2683251 | | | | Marwood Manor Nursing | MI | NIA | McLaren Port Huron | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-2467310 | | | | Parkview Property Management | MI | NIA | McLaren Port Huron | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-2491659 | | | | Willow Enterprises | MI | NIA | McLaren Port Huron | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-2988086 | | | | McLaren Medical Group | MI | NIA | McLaren HealthCare Corp | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-3267121 | | | | Mid-Michigan Physicians | MI | NIA | McLaren Medical Group | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-3491714 | | | | Visiting Nurse Services of Michigan DBA McLaren Homecare Group | MI | NIA | McLaren HealthCare Corp | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 46-3643089 | | | | Hospice and Homecare Foundation | MI | NIA | Visiting Nurse Services of Michigan DBA McLaren Homecare Group | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | 4700 | McLaren Health Plan | 95562 | 38-3252216 | | | McLaren Health Plan | MI | NIA | McLaren Integrated HMO Group | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | 4700 | McLaren Health Plan | 14217 | 27-2204037 | | | McLaren Health Plan Community | MI | DS | McLaren Health Plan | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | 4700 | McLaren Health Plan | 00000 | 91-2141720 | | | Health Advantage Inc | MI | DS | McLaren Health Plan | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | | | | | McLaren Insurance Company LTD | CYM | NIA | McLaren HealthCare Corp | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | 4700 | MDWise | 95807 | 35-1931354 | | | MDWise | IN | NIA | McLaren Integrated HMO Group | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 47-3192307 | | | | MDWise Medicaid Network | IN | NIA | McLaren Integrated HMO Group | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 82-4449304 | | | | McLaren Integrated HMO Group | MI | NIA | McLaren HealthCare Corp | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-3426063 | | | | McLaren Caro Region | MI | NIA | McLaren HealthCare Corp | Ownership | 100.0 | McLaren Health Care Corporation | N | |
| | | 00000 | 38-2422995 | | | | Caro Community Hospital McLaren Caro Region Foundation | MI | NIA | McLaren Caro Region | Ownership | 100.0 | McLaren Health Care Corporation | N | |

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|------------|--------------------|------------|--------------|-------|--|---|------------------------|------------------------------------|--|--|--|--|----------------------------------|-------|
| Group Code | Group Name | NAIC Comp-any Code | ID Number | FEDERAL RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domic-iliary Loca-tion | Relation-ship to Report-ing Entity | Directly Controlled by (Name of Entity / Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Y/N) | * |
| | | 00000 | 81-3487385 | ..... | ..... | ..... | CCH Holdings Inc. | .. MI . | ... NIA .. | McLaren Caro Region | Ownership | 100.0 | McLaren Health Care Corporation | N .... | ..... |
| | | 00000 | 38-1474929 | ..... | ..... | ..... | McLaren Thumb Region | .. MI . | ... NIA .. | McLaren HealthCare Corp | Ownership | 100.0 | McLaren Health Care Corporation | N .... | ..... |

| | |
|----------|-------------|
| Asterisk | Explanation |
| 0000001 | ..... |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

RESPONSE

No

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF **September 30, 2018** OF THE **McLaren Health Plan Community**
SCHEDULE A - VERIFICATION

| Real Estate | | 1 | 2 |
|-------------|--|--------------|---------------------------------|
| | | Year To Date | Prior Year Ended December 31 |
| 1. | Book/adjusted carrying value, December 31 of prior year | | |
| 2. | Cost of acquired: | | |
| 2.1 | Actual cost at time of acquisition | | |
| 2.2 | Additional investment made after acquisition | | |
| 3. | Current year change in encumbrances | | |
| 4. | Total gain (loss) on disposals | | |
| 5. | Deduct amounts received on disposals | | |
| 6. | Total foreign exchange change in book/adjusted carrying value | | |
| 7. | Deduct current year's other-than-temporary impairment recognized | | |
| 8. | Deduct current year's depreciation | | |
| 9. | Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8) | | |
| 10. | Deduct total nonadmitted amounts | | |
| 11. | Statement value at end of current period (Line 9 minus Line 10) | | |

SCHEDULE B - VERIFICATION

| Mortgage Loans | | 1 | 2 |
|----------------|---|--------------|---------------------------------|
| | | Year To Date | Prior Year Ended December 31 |
| 1. | Book value/recorded investment excluding accrued interest, December 31 of prior year | | |
| 2. | Cost of acquired: | | |
| 2.1 | Actual cost at time of acquisition | | |
| 2.2 | Additional investment made after acquisition | | |
| 3. | Capitalized deferred interest and other | | |
| 4. | Accrual of discount | | |
| 5. | Unrealized valuation increase (decrease) | | |
| 6. | Total gain (loss) on disposals | | |
| 7. | Deduct amounts received on disposals | | |
| 8. | Deduct amortization of premium and mortgage interest points | | |
| 9. | Total foreign exchange change in book value/recorded investment | | |
| 10. | Deduct current year's other-than-temporary impairment recognized | | |
| 11. | Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) | | |
| 12. | Total valuation allowance | | |
| 13. | Subtotal (Line 11 plus Line 12) | | |
| 14. | Deduct total nonadmitted amounts | | |
| 15. | Statement value at end of current period (Line 13 minus Line 14) | | |

SCHEDULE BA - VERIFICATION

| Other Long-Term Invested Assets | | 1 | 2 |
|---------------------------------|--|--------------|---------------------------------|
| | | Year To Date | Prior Year Ended December 31 |
| 1. | Book/adjusted carrying value, December 31 of prior year | | |
| 2. | Cost of acquired: | | |
| 2.1 | Actual cost at time of acquisition | | |
| 2.2 | Additional investment made after acquisition | | |
| 3. | Capitalized deferred interest and other | | |
| 4. | Accrual of discount | | |
| 5. | Unrealized valuation increase (decrease) | | |
| 6. | Total gain (loss) on disposals | | |
| 7. | Deduct amounts received on disposals | | |
| 8. | Deduct amortization of premium and depreciation | | |
| 9. | Total foreign exchange change in book/adjusted carrying value | | |
| 10. | Deduct current year's other-than-temporary impairment recognized | | |
| 11. | Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) | | |
| 12. | Deduct total nonadmitted amounts | | |
| 13. | Statement value at end of current period (Line 11 minus Line 12) | | |

SCHEDULE D - VERIFICATION

| Bonds and Stocks | | 1 | 2 |
|------------------|--|--------------|---------------------------------|
| | | Year To Date | Prior Year Ended December 31 |
| 1. | Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 1,019,274 | 1,024,967 |
| 2. | Cost of bonds and stocks acquired | | |
| 3. | Accrual of discount | 232 | |
| 4. | Unrealized valuation increase (decrease) | | |
| 5. | Total gain (loss) on disposals | | |
| 6. | Deduct consideration for bonds and stocks disposed of | | |
| 7. | Deduct amortization of premium | 4,495 | 5,693 |
| 8. | Total foreign exchange change in book/adjusted carrying value | | |
| 9. | Deduct current year's other-than-temporary impairment recognized | | |
| 10. | Total investment income recognized as a result of prepayment penalties and/or acceleration fees | | |
| 11. | Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10) | 1,015,012 | 1,019,274 |
| 12. | Deduct total nonadmitted amounts | | |
| 13. | Statement value at end of current period (Line 11 minus Line 12) | 1,015,012 | 1,019,274 |

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

| NAIC Designation | | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|------------------------|-------------------------------------|---|--|--|--|---|--|---|---|
| BONDS | | | | | | | | | |
| 1. | NAIC 1 (a) | 1,016,433 | | | (1,421) | 1,017,853 | 1,016,433 | 1,015,012 | 1,019,274 |
| 2. | NAIC 2 (a) | | | | | | | | |
| 3. | NAIC 3 (a) | | | | | | | | |
| 4. | NAIC 4 (a) | | | | | | | | |
| 5. | NAIC 5 (a) | | | | | | | | |
| 6. | NAIC 6 (a) | | | | | | | | |
| 7. | Total Bonds | 1,016,433 | | | (1,421) | 1,017,853 | 1,016,433 | 1,015,012 | 1,019,274 |
| PREFERRED STOCK | | | | | | | | | |
| 8. | NAIC 1 | | | | | | | | |
| 9. | NAIC 2 | | | | | | | | |
| 10. | NAIC 3 | | | | | | | | |
| 11. | NAIC 4 | | | | | | | | |
| 12. | NAIC 5 | | | | | | | | |
| 13. | NAIC 6 | | | | | | | | |
| 14. | Total Preferred Stock | | | | | | | | |
| 15. | Total Bonds & Preferred Stock | 1,016,433 | | | (1,421) | 1,017,853 | 1,016,433 | 1,015,012 | 1,019,274 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1

Short - Term Investments

| | 1 Book/Adjusted Carrying Value | 2 | 3 Actual Cost | 4 Interest Collected Year To Date | 5 Paid for Accrued Interest Year To Date |
|-----------------------|---|---|---------------------|---|---|
| 9199999. Totals | | | | | |

NONE

SCHEDULE DA - Verification

Short-Term Investments

| | | 1 Year To Date | 2 Prior Year Ended December 31 |
|-----|---|-------------------|--------------------------------------|
| 1. | Book/adjusted carrying value, December 31 of prior year | | |
| 2. | Cost of short-term investments acquired | | 19,125,284 |
| 3. | Accrual of discount | | |
| 4. | Unrealized valuation increase (decrease) | | |
| 5. | Total gain (loss) on disposals | | |
| 6. | Deduct consideration received on disposals | | 19,125,284 |
| 7. | Deduct amortization of premium | | |
| 8. | Total foreign exchange change in book/adjusted carrying value | | |
| 9. | Deduct current year's other-than-temporary impairment recognized | | |
| 10. | Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) | | |
| 11. | Deduct total nonadmitted amounts | | |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | | |

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SCHEDULE E - PART 2 - VERIFICATION
(Cash Equivalents)

| | | 1 | 2 |
|-----|--|--------------|---------------------------------|
| | | Year To Date | Prior Year Ended December 31 |
| 1. | Book/adjusted carrying value, December 31 of prior year | 19,125,284 | ..... |
| 2. | Cost of cash equivalents acquired | 2,281,869 | 19,125,284 |
| 3. | Accrual of discount ..... | ..... | ..... |
| 4. | Unrealized valuation increase (decrease) ..... | ..... | ..... |
| 5. | Total gain (loss) on disposals ..... | ..... | ..... |
| 6. | Deduct consideration received on disposals ..... | ..... | ..... |
| 7. | Deduct amortization of premium ..... | ..... | ..... |
| 8. | Total foreign exchange change in book/adjusted carrying value ..... | ..... | ..... |
| 9. | Deduct current year's other-than-temporary impairment recognized ..... | ..... | ..... |
| 10. | Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) | 21,407,153 | 19,125,284 |
| 11. | Deduct total nonadmitted amounts ..... | ..... | ..... |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | 21,407,153 | 19,125,284 |

| | | |
|------------|--|-------------|
| E01 | Schedule A Part 2 | NONE |
| E01 | Schedule A Part 3 | NONE |
| E02 | Schedule B Part 2 | NONE |
| E02 | Schedule B Part 3 | NONE |
| E03 | Schedule BA Part 2 | NONE |
| E03 | Schedule BA Part 3 | NONE |
| E04 | Schedule D Part 3 | NONE |
| E05 | Schedule D Part 4 | NONE |
| E06 | Schedule DB Part A Section 1 | NONE |
| E07 | Schedule DB Part B Section 1 | NONE |
| E08 | Schedule DB Part D Section 1 | NONE |
| E09 | Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity | NONE |
| E09 | Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity | NONE |
| E10 | Schedule DL - Part 1 - Securities Lending Collateral Assets | NONE |
| E11 | Schedule DL - Part 2 - Securities Lending Collateral Assets | NONE |

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1 | | | 2 | 3 | 4 | 5 | Book Balance at End of Each Month | | | 9 |
|---|-----------------------|------------------|------|------------------|--|--|-----------------------------------|--------------|-------------|-------|
| Depository | | | Code | Rate of Interest | Amount of Interest Received During Current Quarter | Amount of Interest Accrued at Current Statement Date | During Current Quarter | | | * |
| | | | | | | | 6 | 7 | 8 | |
| | | | | | | | First Month | Second Month | Third Month | |
| open depositories | | | | | | | | | | |
| JPMORGAN, CHASE | FLINT, MICHIGAN | 09/30/2018 | | | | | (1,383,792) | (2,971,904) | (2,684,219) | X X X |
| Alma Bank | MICHIGAN | 09/30/2018 | | | | | | 742 | | X X X |
| American Trust & Savings Bank | MICHIGAN | 09/30/2018 | | | | | 245,997 | 238,506 | 226,440 | X X X |
| Anstaff Bank | MICHIGAN | 09/30/2018 | | | | | | 5,209 | 32 | X X X |
| Asian Bank | MICHIGAN | 09/30/2018 | | | | | | | 11 | X X X |
| Audubon State Bank | MICHIGAN | 09/30/2018 | | | | | | | 147 | X X X |
| BNB Bank | MICHIGAN | 09/30/2018 | | | | | 14,982 | | | X X X |
| Banc of California, National Association | MICHIGAN | 09/30/2018 | | | | | 247,997 | 247,274 | 247,852 | X X X |
| BancCentral National Association | MICHIGAN | 09/30/2018 | | | | | | 238,148 | 218,719 | X X X |
| Bank of Advance | MICHIGAN | 09/30/2018 | | | | | 10 | | | X X X |
| Bank of China - New York Branch | MICHIGAN | 09/30/2018 | | | | | 247,999 | 247,667 | 242,825 | X X X |
| Bank of Fayette County | MICHIGAN | 09/30/2018 | | | | | | | 28,300 | X X X |
| Bank of Hope | MICHIGAN | 09/30/2018 | | | | | | 6,406 | | X X X |
| Bank of Lindsay | MICHIGAN | 09/30/2018 | | | | | | | 40 | X X X |
| Bank of Princeton | MICHIGAN | 09/30/2018 | | | | | 247,425 | 247,499 | 234,659 | X X X |
| Bank of the Ozarks | MICHIGAN | 09/30/2018 | | | | | 247,989 | 247,600 | 246,397 | X X X |
| Bank of the Panhandle | MICHIGAN | 09/30/2018 | | | | | | 351 | | X X X |
| Bank of the Prairie | MICHIGAN | 09/30/2018 | | | | | | | 12 | X X X |
| Bank3 | MICHIGAN | 09/30/2018 | | | | | | 71 | 26,014 | X X X |
| BankUnited National Association | MICHIGAN | 09/30/2018 | | | | | 223,695 | 42,804 | 47,662 | X X X |
| Bankers Bank of Kansas | MICHIGAN | 09/30/2018 | | | | | | 1,187 | | X X X |
| Bankwell Bank | MICHIGAN | 09/30/2018 | | | | | 241,321 | 247,961 | 247,782 | X X X |
| Bar Harbor Bank & Trust | MICHIGAN | 09/30/2018 | | | | | | | 33 | X X X |
| Brunswick Bank and Trust Company | MICHIGAN | 09/30/2018 | | | | | | 284 | 287 | X X X |
| Business Bank of Saint Louis | MICHIGAN | 09/30/2018 | | | | | | 11 | | X X X |
| Business First Bank | MICHIGAN | 09/30/2018 | | | | | | | 1,006 | X X X |
| C US Bank | MICHIGAN | 09/30/2018 | | | | | 237,594 | 238,994 | 237,566 | X X X |
| CFBank | MICHIGAN | 09/30/2018 | | | | | | 561 | 552 | X X X |
| Capital Bank National Association | MICHIGAN | 09/30/2018 | | | | | | | 75,675 | X X X |
| Carolina Trust Bank | MICHIGAN | 09/30/2018 | | | | | | 234 | | X X X |
| Centennial Bank | MICHIGAN | 09/30/2018 | | | | | | 11,676 | 18,685 | X X X |
| Central Bank of Kansas City | MICHIGAN | 09/30/2018 | | | | | | 18 | | X X X |
| Chemical Bank | MICHIGAN | 09/30/2018 | | | | | 244,387 | 247,184 | 12,770 | X X X |
| CiVista Bank | MICHIGAN | 09/30/2018 | | | | | | | 68 | X X X |
| Citibank N.A. | MICHIGAN | 09/30/2018 | | | | | | 37 | | X X X |
| City National Bank of Florida | MICHIGAN | 09/30/2018 | | | | | | | 11 | X X X |
| CommerceWest Bank | MICHIGAN | 09/30/2018 | | | | | 1,468 | | | X X X |
| Community Bank of the Bay | MICHIGAN | 09/30/2018 | | | | | | 57,074 | 1,726 | X X X |
| Congressional Bank | MICHIGAN | 09/30/2018 | | | | | | 10 | | X X X |
| ConnectOne Bank | MICHIGAN | 09/30/2018 | | | | | 225,729 | 241,946 | 240,993 | X X X |
| Cornerstone Bank | MICHIGAN | 09/30/2018 | | | | | 220,162 | 243,886 | 239,641 | X X X |
| Cortland Savings and Banking Company | MICHIGAN | 09/30/2018 | | | | | | 127 | | X X X |
| Covenant Bank | MICHIGAN | 09/30/2018 | | | | | 247,995 | 241,091 | 239,722 | X X X |
| Customers Bank | MICHIGAN | 09/30/2018 | | | | | 247,987 | 244,622 | 239,897 | X X X |
| Dime Savings Bank of Williamsburgh | MICHIGAN | 09/30/2018 | | | | | 247,935 | 15,783 | | X X X |
| EagleBank | MICHIGAN | 09/30/2018 | | | | | | 49,744 | 12,621 | X X X |
| Emigrant Bank | MICHIGAN | 09/30/2018 | | | | | 13 | | | X X X |
| Entegra Bank | MICHIGAN | 09/30/2018 | | | | | 239,436 | 243,664 | 247,980 | X X X |
| Enterprise Bank | MICHIGAN | 09/30/2018 | | | | | 13 | | | X X X |
| Equity Bank | MICHIGAN | 09/30/2018 | | | | | 88,808 | 242,783 | 237,288 | X X X |
| Evergreen Bank Group | MICHIGAN | 09/30/2018 | | | | | 19,406 | | 129 | X X X |
| Exchange State Bank | MICHIGAN | 09/30/2018 | | | | | | 11 | | X X X |
| Farmers Trust and Savings Bank | MICHIGAN | 09/30/2018 | | | | | | 1,457 | 29,986 | X X X |
| Farmers and Merchants State Bank of | MICHIGAN | 09/30/2018 | | | | | | 149 | 150 | X X X |
| Federal Savings Bank | MICHIGAN | 09/30/2018 | | | | | | 29,195 | 25,373 | X X X |
| Fidelity Bank | MICHIGAN | 09/30/2018 | | | | | 308 | | | X X X |
| First Bank | MICHIGAN | 09/30/2018 | | | | | 240,394 | 245,385 | 247,476 | X X X |
| First Bank | MICHIGAN | 09/30/2018 | | | | | 247,098 | 156 | 98,923 | X X X |
| First Bank Texas SSB | MICHIGAN | 09/30/2018 | | | | | | | 2,299 | X X X |
| First Bank of Utica | MICHIGAN | 09/30/2018 | | | | | | 629 | 631 | X X X |
| First Carolina Bank | MICHIGAN | 09/30/2018 | | | | | 248,000 | 234,920 | 233,630 | X X X |
| First Community Bank of Bedford County | MICHIGAN | 09/30/2018 | | | | | 246,349 | 237,489 | 111,812 | X X X |
| First Community Financial Bank | MICHIGAN | 09/30/2018 | | | | | | | 1,097 | X X X |
| First Financial Bank | MICHIGAN | 09/30/2018 | | | | | | 63 | 65 | X X X |
| First Financial Bank National Association | MICHIGAN | 09/30/2018 | | | | | 16 | | | X X X |
| First Midwest Bank of Dexter | MICHIGAN | 09/30/2018 | | | | | | 11 | | X X X |
| First N.A. | MICHIGAN | 09/30/2018 | | | | | 15,110 | | | X X X |
| First National Bank | MICHIGAN | 09/30/2018 | | | | | 10 | | | X X X |
| First National Bank and Trust Company of Vini | MICHIGAN | 09/30/2018 | | | | | 247,927 | 238,544 | 238,829 | X X X |

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1 | | | 2 | 3 | 4 | 5 | Book Balance at End of Each Month | | | 9 |
|--|----------|------------|------|---------------------|---|---|-----------------------------------|-----------------|----------------|-------|
| | | | | | Amount of Interest Received During Current Quarter | Amount of Interest Accrued at Current Statement Date | During Current Quarter | | | |
| | | | | | | | 6 | 7 | 8 | |
| Depository | | | Code | Rate of Interest | | | First Month | Second Month | Third Month | * |
| First National Bank of Michigan | MICHIGAN | 09/30/2018 | | | | | | | 3,470 | X X X |
| First National Bank of Oklahoma | MICHIGAN | 09/30/2018 | | | | | | | 58 | X X X |
| First National Bank of Pennsylvania | MICHIGAN | 09/30/2018 | | | | | | 243,420 | 242,799 | X X X |
| First Savings Bank Northwest | MICHIGAN | 09/30/2018 | | | | | | | 199 | X X X |
| First Sentinel Bank | MICHIGAN | 09/30/2018 | | | | | | 30 | 170 | X X X |
| First State Bank | MICHIGAN | 09/30/2018 | | | | | 198,247 | 240,765 | 234,728 | X X X |
| First State Bank | MICHIGAN | 09/30/2018 | | | | | | 12 | | X X X |
| First Virginia Community Bank | MICHIGAN | 09/30/2018 | | | | | 124,495 | 241,737 | 246,747 | X X X |
| First Western Trust Bank | MICHIGAN | 09/30/2018 | | | | | | 13,498 | 26 | X X X |
| Florida Business Bank | MICHIGAN | 09/30/2018 | | | | | 1,627 | | | X X X |
| Foothills Bank & Trust | MICHIGAN | 09/30/2018 | | | | | | | 103 | X X X |
| Fortis Private Bank | MICHIGAN | 09/30/2018 | | | | | 242,087 | 142,514 | 151,488 | X X X |
| Franklin Synergy Bank | MICHIGAN | 09/30/2018 | | | | | 201,672 | 212,378 | 241,581 | X X X |
| Freedom Bank | MICHIGAN | 09/30/2018 | | | | | | 2,490 | 85,081 | X X X |
| GNB Bank | MICHIGAN | 09/30/2018 | | | | | | 1,412 | 28 | X X X |
| Genoa Banking Company | MICHIGAN | 09/30/2018 | | | | | | | 20 | X X X |
| Gorham Savings Bank | MICHIGAN | 09/30/2018 | | | | | | | 42 | X X X |
| Grandpoint Bank | MICHIGAN | 09/30/2018 | | | | | | 11 | | X X X |
| Great North Bank | MICHIGAN | 09/30/2018 | | | | | 2,048 | 67 | 55 | X X X |
| Great Western Bank | MICHIGAN | 09/30/2018 | | | | | 247,996 | 247,824 | 115,960 | X X X |
| Greater Hudson Bank National Association | MICHIGAN | 09/30/2018 | | | | | | | 43 | X X X |
| Guaranty Bank | MICHIGAN | 09/30/2018 | | | | | 247,598 | 238,248 | 225,809 | X X X |
| Halstead Bank | MICHIGAN | 09/30/2018 | | | | | | 1,105 | | X X X |
| Happy State Bank | MICHIGAN | 09/30/2018 | | | | | 248,000 | 247,994 | 237,590 | X X X |
| Hardin County Bank | MICHIGAN | 09/30/2018 | | | | | 70,476 | 301 | 6,140 | X X X |
| Hawthorn Bank | MICHIGAN | 09/30/2018 | | | | | | 68 | 576 | X X X |
| Heartland Bank | MICHIGAN | 09/30/2018 | | | | | | 17 | 67 | X X X |
| Hibernia Bank | MICHIGAN | 09/30/2018 | | | | | | 511 | | X X X |
| Home City Federal Savings Bank of Springfield | MICHIGAN | 09/30/2018 | | | | | | 20 | | X X X |
| IBERIABANK | MICHIGAN | 09/30/2018 | | | | | 246,010 | 239,690 | 240,494 | X X X |
| Independent Bank | MICHIGAN | 09/30/2018 | | | | | | | 11 | X X X |
| Inland Bank and Trust | MICHIGAN | 09/30/2018 | | | | | | 110 | 109 | X X X |
| International City Bank | | | | | | | | | | |
| National Association | MICHIGAN | 09/30/2018 | | | | | 10,188 | 73,276 | 9,548 | X X X |
| Investar Bank | MICHIGAN | 09/30/2018 | | | | | 72,426 | 110,045 | 183,912 | X X X |
| Israel Discount Bank of New York | MICHIGAN | 09/30/2018 | | | | | | 107 | 107 | X X X |
| Lake City Bank | MICHIGAN | 09/30/2018 | | | | | | 39,767 | 304 | X X X |
| Landmark Community Bank | MICHIGAN | 09/30/2018 | | | | | 245,356 | 205,419 | 247,209 | X X X |
| Lead Bank | MICHIGAN | 09/30/2018 | | | | | | 9,414 | 1,729 | X X X |
| LegacyTexas Bank | MICHIGAN | 09/30/2018 | | | | | 247,159 | 239,832 | 242,151 | X X X |
| Legends Bank | MICHIGAN | 09/30/2018 | | | | | 24,544 | | 259 | X X X |
| Lewis & Clark Bank | MICHIGAN | 09/30/2018 | | | | | | | 163 | X X X |
| Liberty National Bank | MICHIGAN | 09/30/2018 | | | | | | | 10 | X X X |
| MB Financial Bank N.A. | MICHIGAN | 09/30/2018 | | | | | | 4,708 | 132 | X X X |
| MINT National Bank | MICHIGAN | 09/30/2018 | | | | | | 79 | | X X X |
| MainStreet Bank | MICHIGAN | 09/30/2018 | | | | | 216,237 | 239,144 | 247,942 | X X X |
| Manufacturers Bank | MICHIGAN | 09/30/2018 | | | | | 247,974 | 244,846 | 247,741 | X X X |
| Meramec Valley Bank | MICHIGAN | 09/30/2018 | | | | | | 29 | 37 | X X X |
| Merchants & Planters Bank | MICHIGAN | 09/30/2018 | | | | | | 322 | 161 | X X X |
| Merchants Bank of Indiana | MICHIGAN | 09/30/2018 | | | | | 247,966 | 247,931 | 233,789 | X X X |
| Meridian Bank | MICHIGAN | 09/30/2018 | | | | | 38,886 | 145,715 | 240,492 | X X X |
| Metropolitan National Bank | MICHIGAN | 09/30/2018 | | | | | 248,000 | 247,121 | 229,919 | X X X |
| Mid America Bank | MICHIGAN | 09/30/2018 | | | | | | | 12 | X X X |
| MidCoast Community Bank | MICHIGAN | 09/30/2018 | | | | | 183,705 | 25 | 72 | X X X |
| Middlefield Banking Company | MICHIGAN | 09/30/2018 | | | | | 237,168 | 245,475 | 247,882 | X X X |
| Midland States Bank | MICHIGAN | 09/30/2018 | | | | | 247,990 | 247,817 | 246,329 | X X X |
| Minnesota Bank & Trust | MICHIGAN | 09/30/2018 | | | | | | 12 | | X X X |
| Mutual Federal Savings Bank of Plymouth | MICHIGAN | 09/30/2018 | | | | | | 4,597 | 465 | X X X |
| New Peoples Bank Inc. | MICHIGAN | 09/30/2018 | | | | | 13 | | 10 | X X X |
| NewBank | MICHIGAN | 09/30/2018 | | | | | 8,359 | 151,193 | 193,523 | X X X |
| NexBank SSB | MICHIGAN | 09/30/2018 | | | | | 247,765 | 247,591 | 247,209 | X X X |
| Norway Savings Bank | MICHIGAN | 09/30/2018 | | | | | | | 80 | X X X |
| Oculina Bank | MICHIGAN | 09/30/2018 | | | | | | | 42,277 | X X X |
| Ohio Valley Bank Company | MICHIGAN | 09/30/2018 | | | | | 130,256 | | | X X X |
| Open Bank | MICHIGAN | 09/30/2018 | | | | | | 1,174 | 5,598 | X X X |
| Optima Bank & Trust Company | MICHIGAN | 09/30/2018 | | | | | 187,087 | 245,817 | 245,853 | X X X |
| Oregon Community Bank & Trust | MICHIGAN | 09/30/2018 | | | | | | 53 | 129 | X X X |
| Pacific Commerce Bank | MICHIGAN | 09/30/2018 | | | | | | | 23 | X X X |
| Pacific Enterprise Bank | MICHIGAN | 09/30/2018 | | | | | 220,977 | 34,642 | 121,193 | X X X |
| Pacific Mercantile Bank | MICHIGAN | 09/30/2018 | | | | | 247,997 | 245,968 | 239,919 | X X X |
| Peapack-Gladstone Bank | MICHIGAN | 09/30/2018 | | | | | | | 246 | X X X |
| Peoples Bank | MICHIGAN | 09/30/2018 | | | | | | 227 | | X X X |
| PeoplesBank | MICHIGAN | 09/30/2018 | | | | | 247,996 | 46,056 | 42,761 | X X X |
| Peoples Bank of Alabama | MICHIGAN | 09/30/2018 | | | | | | | 11 | X X X |
| Peoples Community Bank | MICHIGAN | 09/30/2018 | | | | | | | 643 | X X X |
| Petit Jean State Bank | MICHIGAN | 09/30/2018 | | | | | 217 | | | X X X |
| Piedmont Bank | MICHIGAN | 09/30/2018 | | | | | | | 93,235 | X X X |

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| | 1 | | 2 | 3 | 4 | 5 | Book Balance at End of Each Month | | | 9 |
|---|------------|------------|------|---------------------|---|---|-----------------------------------|-----------------|----------------|-------|
| | | | | | Amount of Interest Received During Current Quarter | Amount of Interest Accrued at Current Statement Date | During Current Quarter | | | |
| | | | | | | | 6 | 7 | 8 | |
| | Depository | | Code | Rate of Interest | | | First Month | Second Month | Third Month | * |
| Pilot Bank | MICHIGAN | 09/30/2018 | | | | | | | 165 | X X X |
| Pioneer Bank SSB | MICHIGAN | 09/30/2018 | | | | | 247,972 | 246,668 | 247,115 | X X X |
| Poppy Bank | MICHIGAN | 09/30/2018 | | | | | | 895 | | X X X |
| Post Oak Bank N.A. | MICHIGAN | 09/30/2018 | | | | | 247,428 | 246,433 | 247,049 | X X X |
| Preferred Bank | MICHIGAN | 09/30/2018 | | | | | 248,000 | 246,376 | 245,916 | X X X |
| Premier Bank | MICHIGAN | 09/30/2018 | | | | | | | 29 | X X X |
| Premier Bank | MICHIGAN | 09/30/2018 | | | | | | 164 | 15 | X X X |
| Prime Alliance Bank | MICHIGAN | 09/30/2018 | | | | | | | 1,004 | X X X |
| Progress Bank and Trust | MICHIGAN | 09/30/2018 | | | | | 240,242 | 246,195 | 241,985 | X X X |
| Providence Bank | MICHIGAN | 09/30/2018 | | | | | | 428 | 743 | X X X |
| Provident Bank | MICHIGAN | 09/30/2018 | | | | | 228,860 | 242,811 | 240,131 | X X X |
| RBS Citizens National Association | MICHIGAN | 09/30/2018 | | | | | 15 | | | X X X |
| Reading Co-operative Bank | MICHIGAN | 09/30/2018 | | | | | 35,181 | 66,251 | 53,987 | X X X |
| Redstone Bank | MICHIGAN | 09/30/2018 | | | | | | | 26 | X X X |
| Reliant Bank | MICHIGAN | 09/30/2018 | | | | | | 1,081 | 7,521 | X X X |
| Relyance Bank National Association | MICHIGAN | 09/30/2018 | | | | | 22,693 | 66 | 1,821 | X X X |
| RiverBank | MICHIGAN | 09/30/2018 | | | | | | | 11 | X X X |
| RiverBend Bank | MICHIGAN | 09/30/2018 | | | | | | 1,015 | | X X X |
| RiverWood Bank | MICHIGAN | 09/30/2018 | | | | | | 1,216 | | X X X |
| Rockford Bank and Trust Company | MICHIGAN | 09/30/2018 | | | | | 247,437 | 97 | 1,659 | X X X |
| Rockland Trust Company | MICHIGAN | 09/30/2018 | | | | | | | 11 | X X X |
| Royal Savings Bank | MICHIGAN | 09/30/2018 | | | | | 213,080 | 247,838 | 244,515 | X X X |
| SCBT | MICHIGAN | 09/30/2018 | | | | | | 14 | | X X X |
| Salem Co-operative Bank | MICHIGAN | 09/30/2018 | | | | | | 2,555 | 52 | X X X |
| Sandhills State Bank | MICHIGAN | 09/30/2018 | | | | | 1,803 | 25 | 18 | X X X |
| SaviBank | MICHIGAN | 09/30/2018 | | | | | | 81 | 108,950 | X X X |
| Seaside National Bank & Trust | MICHIGAN | 09/30/2018 | | | | | 174,993 | 243,995 | 240,040 | X X X |
| Seattle Bank | MICHIGAN | 09/30/2018 | | | | | 226,661 | 179,891 | 246,361 | X X X |
| Security Bank | MICHIGAN | 09/30/2018 | | | | | | | 2,037 | X X X |
| Security Bank and Trust Company | MICHIGAN | 09/30/2018 | | | | | 63,922 | | | X X X |
| Security State Bank | MICHIGAN | 09/30/2018 | | | | | 52,940 | | | X X X |
| ServisFirst Bank | MICHIGAN | 09/30/2018 | | | | | 247,985 | 240,509 | 243,609 | X X X |
| Simmons First National Bank | MICHIGAN | 09/30/2018 | | | | | | 11 | | X X X |
| SmartBank | MICHIGAN | 09/30/2018 | | | | | 247,999 | 247,831 | 245,695 | X X X |
| Solera National Bank | MICHIGAN | 09/30/2018 | | | | | | | 67,943 | X X X |
| Southern States Bank | MICHIGAN | 09/30/2018 | | | | | 247,019 | 243,745 | 247,114 | X X X |
| Southwest Bank | MICHIGAN | 09/30/2018 | | | | | 247,588 | 247,551 | 165,183 | X X X |
| St. Henry Bank | MICHIGAN | 09/30/2018 | | | | | | | 13 | X X X |
| State Guaranty Bank | MICHIGAN | 09/30/2018 | | | | | | | 11 | X X X |
| Sussex Bank | MICHIGAN | 09/30/2018 | | | | | | 13 | 13 | X X X |
| Texana Bank National Association | MICHIGAN | 09/30/2018 | | | | | | 55 | 1,195 | X X X |
| Texas Capital Bank National Association | MICHIGAN | 09/30/2018 | | | | | 248,000 | 227,617 | 189,142 | X X X |
| Third Coast Bank SSB | MICHIGAN | 09/30/2018 | | | | | 245,267 | 236,591 | 236,172 | X X X |
| Touchmark National Bank | MICHIGAN | 09/30/2018 | | | | | | 374 | 384 | X X X |
| Town Bank | MICHIGAN | 09/30/2018 | | | | | | 11 | | X X X |
| Tradition Capital Bank | MICHIGAN | 09/30/2018 | | | | | | 182 | | X X X |
| TransPecos Banks | MICHIGAN | 09/30/2018 | | | | | 12 | | | X X X |
| Transportation Alliance Bank Inc. | MICHIGAN | 09/30/2018 | | | | | | 110 | 103 | X X X |
| TriState Capital Bank | MICHIGAN | 09/30/2018 | | | | | | 9,637 | 78,256 | X X X |
| Truxton Trust Company | MICHIGAN | 09/30/2018 | | | | | | 2,545 | | X X X |
| UniBank | MICHIGAN | 09/30/2018 | | | | | | | 5,623 | X X X |
| Union Bank & Trust | MICHIGAN | 09/30/2018 | | | | | | | 216,060 | X X X |
| Union First Market Bank | MICHIGAN | 09/30/2018 | | | | | 95,568 | 1,491 | | X X X |
| Union Savings and Loan Association | MICHIGAN | 09/30/2018 | | | | | | | 504 | X X X |
| United Bank | MICHIGAN | 09/30/2018 | | | | | 246,030 | 229,390 | 89,007 | X X X |
| Univest Bank and Trust Co. | MICHIGAN | 09/30/2018 | | | | | 241,788 | 247,570 | 198 | X X X |
| Valley National Bank | MICHIGAN | 09/30/2018 | | | | | 139,118 | 245,017 | 242,293 | X X X |
| Valliance Bank | MICHIGAN | 09/30/2018 | | | | | | | 22 | X X X |
| Verus Bank of Commerce | MICHIGAN | 09/30/2018 | | | | | | | 2,699 | X X X |
| Washington Trust Company of | | | | | | | | | | |
| Westerly | MICHIGAN | 09/30/2018 | | | | | 31,010 | 247,767 | 241,609 | X X X |
| WashingtonFirst Bank | MICHIGAN | 09/30/2018 | | | | | 247,990 | 247,606 | 239,598 | X X X |
| West Michigan Community Bank | MICHIGAN | 09/30/2018 | | | | | | 1,184 | 41 | X X X |
| Western States Bank | MICHIGAN | 09/30/2018 | | | | | | | 18,902 | X X X |
| Carter Federal Credit Union | MICHIGAN | 09/30/2018 | | | | | | 93 | 1,776 | X X X |
| CommunityWide Federal Credit Union | MICHIGAN | 09/30/2018 | | | | | | | 20 | X X X |
| ELGA Credit Union | MICHIGAN | 09/30/2018 | | | | | | 12 | 874 | X X X |
| Essential Federal Credit Union | MICHIGAN | 09/30/2018 | | | | | | 44,597 | 69,016 | X X X |
| Harvesters Federal Credit Union | MICHIGAN | 09/30/2018 | | | | | | | 117 | X X X |
| Jefferson Financial Credit Union | MICHIGAN | 09/30/2018 | | | | | 68,978 | 247,838 | 245,949 | X X X |
| Rivermark Community Credit Union | MICHIGAN | 09/30/2018 | | | | | 6,795 | | | X X X |

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1 | | | 2 | 3 | 4 | 5 | Book Balance at End of Each Month During Current Quarter | | | 9 |
|--|----------------|------------------|-------|---------------------|---|---|---|-----------------|----------------|-------|
| | | | | | Amount of Interest Received During Current Quarter | Amount of Interest Accrued at Current Statement Date | 6 | 7 | 8 | |
| Depository | | | Code | Rate of Interest | | | First Month | Second Month | Third Month | * |
| Sharonview Federal Credit Union | MICHIGAN | 09/30/2018 | | | | | 1,831 | 76,849 | 1,155 | X X X |
| Solarity Credit Union | MICHIGAN | 09/30/2018 | | | | | | | 46,186 | X X X |
| 0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories | | | X X X | X X X .. | | | | | | X X X |
| 0199999 Totals - Open Depositories | | | X X X | X X X .. | | | 13,802,493 | 12,240,177 | 12,553,701 | X X X |
| 0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories | | | X X X | X X X .. | | | | | | X X X |
| 0299999 Totals - Suspended Depositories | | | X X X | X X X .. | | | | | | X X X |
| 0399999 Total Cash On Deposit | | | X X X | X X X .. | | | 13,802,493 | 12,240,177 | 12,553,701 | X X X |
| 0499999 Cash in Company's Office | | | X X X | X X X .. | X X X .. | X X X .. | | | | X X X |
| 0599999 Total Cash | | | X X X | X X X .. | | | 13,802,493 | 12,240,177 | 12,553,701 | X X X |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|-----------------------|---|-------|------------------|---------------------|------------------|---------------------------------|--|--------------------------------|
| Cusip | Description | Code | Date Acquired | Rate of Interest | Maturity Date | Book/Adjusted Carrying Value | Amount of Interest Due & Accrued | Amount Received During Year |
| 7799999 | Subtotals - Bonds - Total Bonds - Issuer Obligations | | | | | | | |
| 7899999 | Subtotals - Bonds - Total Bonds - Residential Mortgage-Backed Securities | | | | | | | |
| 7999999 | Subtotals - Bonds - Total Bonds - Commercial Mortgage-Backed Securities | | | | | | | |
| 8099999 | Subtotals - Bonds - Total Bonds - Other Loan-Backed and Structured Securities | | | | | | | |
| 8199999 | Subtotals - Bonds - SVO Identified Funds | | | | | | | |
| 8399999 | Subtotals - Bonds - Total Bonds | | | | | | | |
| Sweep Accounts | | | | | | | | |
| | JP Morgan Chase | DR .. | 09/30/2018 ... | 0.000 | 09/30/2018 ... | 21,407,153 | | 230,325 |
| 8499999 | Subtotals - Sweep Accounts | | | | | 21,407,153 | | 230,325 |
| 8599999 | Subtotals - Exempt Money Market Mutual Funds - as Identified by SVO | | | | | | | |
| 8699999 | Subtotals - All Other Money Market Mutual Funds | | | | | | | |
| 8799999 | Subtotals - Other Cash Equivalents | | | | | | | |
| 8899999 | Total - Cash Equivalents | | | | | 21,407,153 | | 230,325 |

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